

Jeff C. Strachan, DDS  
189 Montague Street, Brooklyn, NY 11201  
718-783-0504

**NOTICE OF PRIVACY PRACTICES**  
**THIS NOTICE DESCRIBE HOW MEDICAL INFORMATION ABOUT YOU MAY BE**  
**USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS**  
**INFORAMTION.**

**PLEASE READ AND REVIEW CAREFULLY.**

This notice is effective as of April 14,2003.

**USES AND DISCLOSURE OF HEALTH INFORMATION**

**TREATMENT PAYMENT AND HEALTH CARE OPERATION**

Jeff Strachan, D.D.S. uses and discloses your protected health information for treatment, payment, and health care operations. Some examples of when our office may use or disclose your health care information for this purpose included:

- Sharing test results with other health care providers for confirmation of a diagnosis, providing your diagnosis or other information about your health to your insurance provider or our billing staff to obtain payment for the health services we provide.
- Reviewing information as part of our quality improvement program.

**OTHER USES AND DISCLOSURES**

Jeff C. Strachan, D.D.S. may also use or disclose your protected health information, in compliance with guidelines outlined by law, for the following purposes:

- Providing you with information related to your health.
- Contacting you regarding appointments, information, about treatment, or other health related services.
- Incidental uses or disclosure (e.g. listing your name on a sign-in sheet, etc.)
- Compliance with laws (Including reports of suspected abuse, neglect or violence.)
- Providing certain specified information to law enforcement or correctional institutions.
- Providing information to a coroner, medical examiner, funeral director, or organ procurement organization.
- Public health activities when requested by a public health authority or FDA.
- Responding to health oversight agencies.
- Responding to court or administrative tribunal orders, subpoenas, discovery requests or other lawful process
- Research activities.
- When necessary to avert a serious threat to **your** health or safety
- Military affairs, national security, intelligence, Department of State, or presidential protective services or activities.
- Providing information regarding your location, general condition or death to public or private disaster relief agencies.
- Informing a family member, other relatives or close personal friend when:

- Information is relevant to the individual's involvement with your care.
- Notification of your location, general condition or death;
- To assist in your health care (e.g., pick-up prescription or other documents, note follow up care instructions, etc)

#### **AUTHORIZATION FOR OTHER USES**

Jeff C. Strachan, D.D.S will make other uses and disclosures of your protected health information only after obtaining your written authorization. If you authorize a use not contained in this notice, you may revoke your authorization at any time by notifying us in writing that you wish to revoke your authorization.

#### **YOUR RIGHTS REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION**

Subject to limitations outlined by law, you have certain rights related to use and disclosure of your protected health information, including the right to:

- Request restriction on certain uses and disclosures. However, Jeff C. Strachan, D.D.S. is not obligated to agree to requested restrictions.
- Receive confidential communications of protected health information.
- Inspect and copy protected health information with some limited exceptions.
- Amend your health information.
- Receive an accounting of disclosure of your health information.
- Obtain a copy of notice.

#### **JEFF C. STRACHAN, D.D.S. DUTIES REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION.**

Subject to limitations outlined by law, JEFF C. STRACHAN, D.D.S. has certain duties related to your protected health information, including:

Jeff C. Strachan, D.D.S. is required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information.

Jeff C. Strachan, D.D.S. is required to abide by terms of privacy notice that is currently in effect.

Jeff C. Strachan, D.D.S. reserves the right to change a privacy practice described in this notice that is currently in effect. Revised notice will be posted and available upon request.

#### **CONCERNS**

If you believe your privacy rights have been violated, you may make a complaint by contacting the receptionist or the Secretary for the Department of Health and Human Services. No individual will be retaliated against for filing a complaint.

#### **ACKNOWLEDGEMENT**

**I acknowledge that I have received a copy of this notice regarding the use and disclosure of my health information.**

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**Signature**

**Date**